DATE: July 11, 2011 (enter date affidavit is notarized) I, Sara V. Mariska, attorney/agent , do hereby state that I am an (enter name of applicant or authorized agent) 111237d (check one) applicant applicant's authorized agent listed in Par. 1(a) below [1] in Application No.(s): PCA 2000-SU-032-03 (enter County-assigned application number(s), e.g. RZ 88-V-001) and that, to the best of my knowledge and belief, the following information is true: The following constitutes a listing of the names and addresses of all APPLICANTS, TITLE 1(a). OWNERS, CONTRACT PURCHASERS, and LESSEES of the land described in the application,\* and, if any of the foregoing is a TRUSTEE,\*\* each BENEFICIARY of such trust, and all ATTORNEYS and REAL ESTATE BROKERS, and all AGENTS who have acted on behalf of any of the foregoing with respect to the application: (NOTE: All relationships to the application listed above in BOLD print must be disclosed. Multiple relationships may be listed together, e.g., Attorney/Agent, Contract Purchaser/Lessee, Applicant/Title Owner, etc. For a multiparcel application, list the Tax Map Number(s) of the parcel(s) for each owner(s) in the Relationship column.) **NAME** RELATIONSHIP(S) (enter first name, middle initial, and (enter number, street, city, state, and zip code) (enter applicable relationships listed in **BOLD** above) Applicant/Title Owner of Tax Map 45-2 8110 Gatehouse Road, Suite 200, East Tower Inova Health Care Services Falls Church, Virginia 22042 ((1)) 41B1, 41L, 41L3, 41L4, 41L5 and 45-2 ((2)) 38, 39A, 39B, 46A1, 51A1 Agents: H. Patrick Walters James M. Scott (former) J. Knox Singleton Richard C. Magenheimer John Fitzgerald (nmi) William Todd McGovern Theodore P. Riche Thomas P. Bolton

(check if applicable)

- [ ] There are more relationships to be listed and Par. 1(a) is continued on a "Rezoning Attachment to Par. 1(a)" form.
- \* In the case of a condominium, the title owner, contract purchaser, or lessee of 10% or more of the units in the condominium.
- \*\* List as follows: Name of trustee, Trustee for (name of trust, if applicable), for the benefit of: (state name of each beneficiary).

FORM RZA-1 Updated (7/1/06)

Page 1 of 2

## Rezoning Attachment to Par. 1(a)

DATE: July 11, 2011

(enter date affidavit is notarized)

1112374

for Application No. (s): PCA 2000-SU-032-03

(enter County-assigned application number (s))

(NOTE: All relationships to the application are to be disclosed. Multiple relationships may be listed together, e.g., Attorney/Agent, Contract Purchaser/Lessee, Applicant/Title Owner, etc. For a multiparcel application, list the Tax Map Number(s) of the parcel(s) for each owner(s) in the Relationship column.

NAME

ADDRESS

RELATIONSHIP(S)

(enter first name, middle initial, and

last name)

(enter number, street, city, state, and zip code)

(enter applicable relationships listed in **BOLD** above)

Fair Oaks Medical Plaza, L.P.

Agents:

Wayne E. Carroll David M. Anderson c/o Mediplex Property Management, Inc. 3650 Joseph Siewick Drive, Suite 301

Fairfax, Virginia 22033-1710

Lessee of

Tax Map 45-2 ((2)) 46A1

Fair Oaks Professional Building, L.P.

Agents:

Wayne E. Carroll David M. Anderson c/o Mediplex Property Management, Inc.

3650 Joseph Siewick Drive, Suite 301 Fairfax, Virginia 22033-1710

Lessee of

Tax Map 45-2 ((1)) 41L

SP II Fairfax, LLC

Agents: Douglas F. Ray Richard D. Segal A. Donna Tookmanian c/o Seavest Inc.

707 Westchester Avenue, Suite 401

White Plains, NY 10604

Lessee of

Tax Map 45-2 ((1)) 41L3

Dewberry & Davis LLC

Agents:

Philip G. Yates Janice M. Cena Daniela G. Medek 8401 Arlington Boulevard Fairfax, Virginia 22031

Engineers/Planners/Agent

(check if applicable)

There are more relationships to be listed and Par. 1(a) is continued further [1] on a "Rezoning Attachment to Par. 1(a)" form.

FORM RZA-1 Updated (7/1/06)

Page 2 of 2

### Rezoning Attachment to Par. 1(a)

DATE: July 11, 2011

(enter date affidavit is notarized)

11/237d

for Application No. (s): PCA 2000-SU-032-03

(enter County-assigned application number (s))

(<u>NOTE</u>: All relationships to the application are to be disclosed. Multiple relationships may be listed together, e.g., **Attorney/Agent**, **Contract Purchaser/Lessee**, **Applicant/Title Owner**, etc. For a multiparcel application, list the Tax Map Number(s) of the parcel(s) for each owner(s) in the Relationship column.

**RELATIONSHIP(S)** NAME ADDRESS (enter applicable relationships (enter first name, middle initial, and (enter number, street, city, state, and zip code) listed in **BOLD** above) last name) M.J. Wells & Associates, Inc. 1420 Spring Hill Road, Suite 600 Transportation Consultant/ McLean, Virginia 22102 Agent Agents: Robin L. Antonucci Robert T. Kohler Michael R. Pinkoske Sittler Development Associates, LLC 1856 Old Reston Avenue Consultant/Agent for Applicant Reston, VA 20190 Agent: J. David Sittler Wilmot Sanz, Inc. 18310 Montgomery Village Ave Architects/Agent Suite 700 Gaithersburg, MD 20879 James C. Wilmot Walsh, Colucci, Lubeley, Emrich & 2200 Clarendon Boulevard Attorneys/Planners/Agent Walsh, P.C. 13th Floor Arlington, Virginia 22201 Agents: Martin D. Walsh Lynne J. Strobel Timothy S. Sampson M. Catharine Puskar Sara V. Mariska G. Evan Pritchard Elizabeth D. Baker Inda E. Stagg Kara M. W. Bowyer Megan C. Rappolt Elizabeth A. McKeeby

There are more relationships to be listed and Par. 1(a) is continued further

on a "Rezoning Attachment to Par. 1(a)" form.

(check if applicable)

for Ap	DATE: July 11, 2011  (enter date affidavit is notarized)  plication No. (s): PCA 2000-SU-032-03  (enter County-assigned application number(s))	111237d
1(b).	The following constitutes a listing*** of the <b>SHAREHOLDERS</b> of all corporation affidavit who own 10% or more of any class of stock issued by said corporation, corporation has 10 or less shareholders, a listing of all of the shareholders, and if an owner of the subject land, all of the OFFICERS and DIRECTORS of suc	and where such f the corporation is
	E: Include SOLE PROPRIETORSHIPS, LIMITED LIABILITY COMPANIES, STMENT TRUSTS herein.)	and REAL ESTATE
	CORPORATION INFORMATION	
Inova 1 8110 C	E & ADDRESS OF CORPORATION: (enter complete name, number, street, city Health Care Services Patchouse Road, Suite 200, East Tower hurch, Virginia 22042	, state, and zip code)
DES	<ul> <li>[ ] There are 10 or less shareholders, and all of the shareholders are listed below.</li> <li>[ ] There are more than 10 shareholders, and all of the shareholders owning 109 any class of stock issued by said corporation are listed below.</li> <li>[ ] There are more than 10 shareholders, but no shareholder owns 10% or more of stock issued by said corporation, and no shareholders are listed below.</li> </ul>	% or more of
Inova forme	ES OF SHAREHOLDERS: (enter first name, middle initial, and last name) Health Care Services, formerly Inova Health System Hospitals, formerly Inova Hospitals, formerly Fairfa ly Fairfax Hospital Systems, Inc., formerly Fairfax Hospital Association, is a non-stock, non-profit corpo is Inova Health System Foundation. Inova Health System Foundation appoints the Board of Trustees of I	ration, the sole member of
	ES OF OFFICERS & DIRECTORS: (enter first name, middle initial, last name & President, Secretary, Treasurer, etc.)	title, e.g. President,

\*\*\* All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken down successively until: (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders has no shareholder owning 10% or more of any class of stock. In the case of an APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\* of the land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdown of all of its partners, of its shareholders as required above, and of beneficiaries of any trusts. Such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\* of the land. Limited liability companies and real estate investment trusts and their equivalents are treated as corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed. Use footnote numbers to designate partnerships or corporations, which have further listings on an attachment page, and reference the same footnote numbers on the attachment page.

Officers: J. Knox Singleton, President; Charles H. Smith, III, Chairman; Lori Morris, Vice Chair; Charles Mann, Secretary; John F. Gaul,

Board of Trustees: Mary Agee, Robert Ahmed, Charles E. Beard, Martha Calihan, Christopher Chiantella, Margaret Colon, Paula Darling, Jack C. Ebeler, Michael R. Frey, Maria V. Hopper, Betty Hudson, Gerald W. Hyland, Hooks Johnston, A! Khoury, Charles Mann, James

There is more corporation information and Par. 1(b) is continued on a "Rezoning

Asst Secretary; Gregory S. Shields, Asst Secretary; Richard C. Magenheimer, Treasurer

McNeil, Dean Morehouse, Lori M. Morris, Carolyn Moss, Philip O. Nolan, Jon Peterson, Eric Reines,

Attachment 1(b)" form.

(check if applicable)

Page 1 of 9 Rezoning Attachment to Par. 1(b) 11/2372 DATE: July 11, 2011 (enter date affidavit is notarized) for Application No. (s): PCA 2000-SU-032-03 (enter County-assigned application number (s)) NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, city, state, and zip code) [trustees, continued] Inova Health Care Services 8110 Gatehouse Road, Suite 200, East Tower Falls Church, Virginia 22042 **DESCRIPTION OF CORPORATION:** (check <u>one</u> statement) There are 10 or less shareholders, and all of the shareholders are listed below. There are more than 10 shareholders, and all of the shareholders owning 10% or more of any class of stock issued by said corporation are listed below. There are more than 10 shareholders, but no shareholder owns 10% or more of any class of stock issued by said corporation, and no shareholders are listed below. NAMES OF THE SHAREHOLDER: (enter first name, middle initial, and last name) NAMES OF OFFICERS & DIRECTORS: (enter first name, middle initial, last name, and title, e.g. President, Vice-President, Secretary, Treasurer, etc.) Board of Trustees [continued]: Arnold Rosenblatt, Mary E. Schmidt, J. Knox Singleton, Charles H. Smith, III, Will Soza, Jill Stelfox, Shirley Travis, Robert Tsien Former Board of Trustees: Lauren S. Garcia, Katherine K. Hanley, John Moynihan, Gary Nakamoto, John W. Ryan NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, city, state, and zip code) Inova Holdings, Inc. 8110 Gatehouse Road, Suite 200, East Tower Falls Church, Virginia 22042-1210 **DESCRIPTION OF CORPORATION:** (check <u>one</u> statement) There are 10 or less shareholders, and all of the shareholders are listed below. There are more than 10 shareholders, and all of the shareholders owning 10% or more of any class of stock issued by said corporation are listed below. There are more than 10 shareholders, but no shareholder owns 10% or more of any class of stock issued by said corporation, and no shareholders are listed below. NAMES OF THE SHAREHOLDERS: (enter first name, middle initial, and last name) Inova Health System Foundation NAMES OF OFFICERS & DIRECTORS: (enter first name, middle initial, last name, and title, e.g. President, Vice-President, Secretary, Treasurer, etc.) Officers: J. Knox Singleton, President; Richard C. Magenheimer, Treasurer; John F. Gaul, Secretary Directors; Stephen M. Cumbie, Richard C. Magenheimer, J. Knox Singleton There is more corporation information and Par. 1(b) is continued further on a (check if applicable) 

"Rezoning Attachment to Par. 1(b)" form.

Page 2 of 9
1/1237d
, and zip code)
nore of any
y class of
stems, Inc., which was on, is a non-stock, non-
le, e.g.
etary; John F. Gaul, Asst. easurer & CFO; Lydia
and zip code)

			Rez	oning Atta	chment to	Par. 1(b)		
			DATE:	July 11, 20	11			1/12374
for Application	n No. (s):	PCA 2	2000-SU-	(enter date 032-03	e affidavit is	s notarized)		
ioi i ippiiouiioi			(enter Cou	ınty-assign	ed applicati	on number	(s))	
NAME & ADI Inova Health Syst 8110 Gatehouse R Falls Church, VA	em Foundati .oad		PORATIO	ON: (enter	complete nar	me, number,	street, city,	state, and zip code)
DESCRIPTIO	N OF CO	ORPOR	ATION:	(check one s	statement)			
[ ]	There are	e <u>10 or le</u>	ess shareho	olders, and a	ll of the shar	eholders are		
[]					d all of the sare listed be		owning 10%	6 or more of any
[]	There are	e <u>more th</u>	<u>1an 10</u> shar	eholders, bu	it <u>no shareho</u>			of any class of
	Stock 133	ucu by so	aid corpore		<u> </u>	s are listed of	<u>010 w</u> .	
NAMES OF T Inova Health Syste formerly Fairfax H profit corporation.	m Foundati	on, forme	rly Inova Ĥe	alth Systems I	Foundation, wh	nich was former	rly Inova Hea	alth Systems, Inc., which was undation, is a non-stock, non-
Secretary; Gregory Thomas, Treasurer  NAME & ADI Inova Health Syste	Singleton, C  S. Shields,  C.  ORESS Olem Foundati	EO; Mark , Asst. Sec	S. Stauder, eretary; Nich	President; Stepolas Carosi, III	I, Vice Chair, F	Richard C. Mag	genheimer, A	, Secretary; John F. Gaul, Asst. sst. Treasurer & CFO; Lydia atte, and zip code)
8110 Gatehouse R Falls Church, VA								
DESCRIPTIO							listed below	
[]	There are	e <u>10 or 1</u> e more tl	<u>ess</u> snarenc han 10 sha	reholders, and a	n of the shar	eholders are shareholders	owning 10%	v. % or more of any
	class of	stock iss	ued by said	d corporation	are listed be	elow.		
[]						older owns 10 ders are liste		of any class
NAMES OF T	HE SHAI	REHOL	DERS: (e	nter first nar	ne, middle ir	nitial, and las	t name)	
					2 Caracter   12   12   12   12   12   12   12   1			
NAMES OF O President, Vice Trustees: Carl L. Paul Harbolick, J Maura Sughrue; I	e-Presider Biggs, Nich r., Al Khour	n <b>t, Secre</b> nolas Caro ry; D. Mar	e <b>tary, Trea</b> si, III, Marga rk Lowers; A	isurer, etc.) aret Colon, Ste	phen M. Cuml	bie, Jack C. Eb	eler, Penelop	nd title, e.g. e A. Gross, Katherine K. Hanley H. Smith, III; Mark E. Stavish;
(check if application	able)	[ <b>/</b> ]			on information to Par. 1(b)"		(b) is continu	ued further on a

DATE: July 11, 2011	1112372
(enter date affidavit is notarized)	
for Application No. (s): PCA 2000-SU-032-03  (enter County-assigned application number (s))	
NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, city, Dewberry & Davis LLC 8401 Arlington Boulevard Fairfax, Virginia 22031	state, and zip code)
<ul> <li>DESCRIPTION OF CORPORATION: (check one statement)</li> <li>[✓] There are 10 or less shareholders, and all of the shareholders are listed below class of stock issued by said corporation are listed below.</li> <li>[ ] There are more than 10 shareholders, but no shareholder owns 10% or more stock issued by said corporation, and no shareholders are listed below.</li> </ul>	6 or more of any
NAMES OF THE SHAREHOLDER: (enter first name, middle initial, and last name) The Dewberry Companies LC, Member James L. Beight, Member Dennis M. Couture, Member	
President, Vice-President, Secretary, Treasurer, etc.)  NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, city, st The Dewberry Companies LC 8401 Arlington Boulevard Fairfax, Virginia 22031	ate, and zip code)
<ul> <li>DESCRIPTION OF CORPORATION: (check one statement)</li> <li>[/] There are 10 or less shareholders, and all of the shareholders are listed below.</li> <li>[] There are more than 10 shareholders, and all of the shareholders owning 10% class of stock issued by said corporation are listed below.</li> <li>[] There are more than 10 shareholders, but no shareholder owns 10% or more of stock issued by said corporation, and no shareholders are listed below.</li> <li>NAMES OF THE SHAREHOLDERS: (enter first name, middle initial, and last name)</li> <li>Members: Sidney O. Dewberry, Barry K. Dewberry, Karen S. Grand Pre, Thomas L. Dewberry, Michael S. D.</li> </ul>	% or more of any of any class
u/a/d 11/23/05 (f/b/o Michael S. Dewberry II and 3 other minor children of Michael S. Dewberry)  NAMES OF OFFICERS & DIRECTORS: (enter first name, middle initial, last name, at President, Vice-President, Secretary, Treasurer, etc.)	nd title, e.g.
(check if applicable) [1] There is more corporation information and Par. 1(b) is continu "Rezoning Attachment to Par. 1(b)" form.	ed further on a

Rezoning Attachment to Far. 1(b)	
DATE: July 11, 2011	111237d
(enter date affidavit is notarized)	11123101
for Application No. (s): PCA 2000-SU-032-03  (enter County-assigned application number (s))	
NAME & ADDRESS OF CORPORATION: (enter complete name, number, stree M.J. Wells & Associates, Inc. 1420 Spring Hill Road, Suite 600 McLean, Virginia 22102	t, city, state, and zip code)
<ul> <li>DESCRIPTION OF CORPORATION: (check one statement)</li> <li>[ ] There are 10 or less shareholders, and all of the shareholders are listed.</li> <li>[ /] There are more than 10 shareholders, and all of the shareholders owniclass of stock issued by said corporation are listed below.</li> <li>[ ] There are more than 10 shareholders, but no shareholder owns 10% on stock issued by said corporation, and no shareholders are listed below.</li> </ul>	ng 10% or more of any  more of any class of
<b>NAMES OF THE SHAREHOLDER:</b> (enter first name, middle initial, and last nar M.J. Wells & Associates, Inc. Employee Stock Ownership Trust. All employees are eligible plan part owns more than 10% of any class of stock.	ne) icipants; however, no one employee
President, Vice-President, Secretary, Treasurer, etc.)  NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, Sittler Development Associates, LLC 1856 Old Reston Avenue Reston, VA 20190	city, state, and zip code)
DESCRIPTION OF CORPORATION: (check one statement)  [/] There are 10 or less shareholders, and all of the shareholders are listed.  [] There are more than 10 shareholders, and all of the shareholders own class of stock issued by said corporation are listed below.  [] There are more than 10 shareholders, but no shareholder owns 10% of stock issued by said corporation, and no shareholders are listed below.  NAMES OF THE SHAREHOLDERS: (enter first name, middle initial, and last name)	ing 10% or more of any remore of any class ow.
J. David Sittler  NAMES OF OFFICERS & DIRECTORS: (enter first name, middle initial, last name, middle initial, last name, middle initial, last name, vice-President, Vice-President, Secretary, Treasurer, etc.)	
(check if applicable) [1] There is more corporation information and Par. 1(b) is "Rezoning Attachment to Par. 1(b)" form.	continued further on a

			Rezoning Atta	achment to Par	. I(b)	
		DATI	E: July 11, 20	11		111237d
for Application	n No. (s):    F	PCA 2000-	(enter dat SU-032-03	e affidavit is no	tarized)	1100100
11 .	( ) _	(enter	County-assign	ed application n	number (s))	_
NAME & ADI Walsh, Colucci, L 2200 Clarendon B Arlington, Virgini	ubeley, Emrich Joulevard, 13th	n & Walsh, P.C		complete name, r	number, street, cit	y, state, and zip code)
DESCRIPTIO	N OF COR	PORATIO	N: (check one:	statement)		
[]	There are 1	0 or less sha	areholders, and a	all of the sharehol	ders are listed bel	
[1]				nd all of the share! In are listed below.		0% or more of any
[]	There are m	nore than 10	shareholders, bu		owns 10% or mor	<u>re</u> of any class of
NAMES OF T	HE SHARI	EHOLDER	: (enter first na	me, middle initial	L and last name)	
David J. Bomgardı	ner, E. Andrew Mark Goetzma	Burcher, Thom n, Bryan H. G	mas J. Colucci, Pet uidash, Michael D.	er M. Dolan, Jr., Jay Lubeley, J. Randall	du Von, Jerry K. Ei	mrich, William A. Fogarty, ırine Puskar, John E. Rinaldi,
NAME & ADI Fairfax Medical C 3650 Joseph Siewi Fairfax, VA 22033	orp. c/o Medip ick Drive, Suite	lex Property M	,	omplete name, nu	mber, street, city,	state, and zip code)
DESCRIPTIO	N OF CORI	PORATION	I: (check <u>one</u> st	atement)		
[/]					ders are listed bel	ow. 0% or more of any
[]				nd an of the share n are listed below		070 of more of any
[]	There are n	nore than 10	shareholders, b		owns 10% or mo	<u>re</u> of any class
NAMES OF T Mediplex Medical Mediplex Property Wayne E. Carroll David M. Anderso	l Building Corp y Management,	. (FORMER)	: (enter first nar	me, middle initial	, and last name)	
NAMESOFO	)EEICE BC	& DIRFCT	ΓORS: (enter f	irst name middle	initial, last name	and title, e.g.
President, Vice Wayne E. Carroll	e-President, l, President	Secretary,	Freasurer, etc.)		initial, last flame,	, and title, e.g.
David M. Anders Albert W. Seeley						
(check if applica	able) [🗸]			ion information an to Par. 1(b)" form	nd Par. 1(b) is conti	inued further on a

	•	
	DATE: July 11, 2011 (enter date affidavit is notarized)	111237d
for Application No. (s): PCA	A 2000-SU-032-03	-
	(enter County-assigned application number (s))	
NAME & ADDRESS OF CO Mediplex Medical Building Corporat 5308 W. Plano Parkway Plano, TX 75093-4821	RPORATION: (enter complete name, number, streetion (FORMER)	et, city, state, and zip code)
[ ] There are 10 or [/] There are more class of stock is [ ] There are more	RATION: (check <u>one</u> statement) <u>less</u> shareholders, and all of the shareholders are liste <u>than 10</u> shareholders, and all of the shareholders owni  ssued by said corporation are listed below. <u>than 10</u> shareholders, but <u>no shareholder owns 10% or</u> said corporation, and <u>no shareholders are listed below</u>	ing 10% or more of any <u>r more</u> of any class of
Albert W. Seeley, Mary E. Witt, Phill	<b>OLDER:</b> (enter first name, middle initial, and last nar ip Taylor (nmi), John Montgomery (nmi), Glenn Dean (nmi), B for the benefit of Debra J. Segal, Richard D. Segal, Raymond A	Setty S. Bardige, Patricia S. Lieberman
NAMES OF OFFICERS & I President, Vice-President, Sec Albert W. Seeley, President Mary E. Witt, Vice President, Secreta John Montgomery (nmi), Vice President Phillip Taylor (nmi), Vice President	ury/Treasurer	ame, and title, e.g.
NAME & ADDRESS OF COI Fair Oaks Medical Building, Inc. c/o 3650 Joseph Siewick Drive, Suite 30 Fairfax, VA 22033-1710		city, state, and zip code)
[/] There are 10 o  [ ] There are more class of stock i  [ ] There are more	RATION: (check one statement) r less shareholders, and all of the shareholders are liste than 10 shareholders, and all of the shareholders own ssued by said corporation are listed below. than 10 shareholders, but no shareholder owns 10% of by said corporation, and no shareholders are listed below.	or more of any or more of any
NAMES OF THE SHAREHO Mediplex Medical Building Corp. (fo Mediplex Property Management, Inc Wayne E. Carroll David M. Anderson		me)
NAMES OF OFFICERS & President, Vice-President, Sec Wayne E. Carroll, President David M. Anderson, Vice President Albert W. Seeley, Secretary (FORM)		name, and title, e.g.
(check if applicable) [1]	There is more corporation information and Par. 1(b) is "Rezoning Attachment to Par. 1(b)" form.	continued further on a

Rezoning Attachment to Par. 1(b)									
DATE: July 11, 2011	111237d								
(enter date affidavit is notarized)									
for Application No. (s): PCA 2000-SU-032-03  (enter County-assigned application number (s))									
NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, city, Wilmot Sanz, Inc. 18310 Montgomery Village Avenue, Suite 700 Gaithersburg, MD 20879	state, and zip code)								
<b>DESCRIPTION OF CORPORATION:</b> (check one statement)									
[/] There are 10 or less shareholders, and all of the shareholders are listed below									
There are more than 10 shareholders, and all of the shareholders owning 10% class of stock issued by said corporation are listed below.	or more of any								
[ ] There are more than 10 shareholders, but no shareholder owns 10% or more stock issued by said corporation, and no shareholders are listed below.	of any class of								
NAMES OF THE SHAREHOLDER: (enter first name, middle initial, and last name) Rolando J. Sanz James C. Wilmot Craig M. Moskowitz									
President, Vice-President, Secretary, Treasurer, etc.)  NAME & ADDRESS OF CORPORATION: (enter complete name, number, street, city, st	ate and zin code)								
SP II Fairfax LLC c/o Seavest Inc. 707 Westchester Avenue, Suite 401 White Plains, NY 10604	ne, and zip code)								
DESCRIPTION OF CORPORATION: (check one statement)									
[ ] There are 10 or less shareholders, and all of the shareholders are listed below [ ] There are more than 10 shareholders, and all of the shareholders owning 109									
class of stock issued by said corporation are listed below.									
[ ] There are more than 10 shareholders, but no shareholder owns 10% or more of stock issued by said corporation, and no shareholders are listed below.	of any class								
NAMES OF THE SHAREHOLDERS: (enter first name, middle initial, and last name)									
Seavest Inc., Non-Member Manager Inova Health Care Services, Member Seavest Properties II, LLC, Member									
NAMES OF OFFICERS & DIRECTORS: (enter first name, middle initial, last name, as President, Vice-President, Secretary, Treasurer, etc.)	nd title, e.g.								

There is more corporation information and Par. 1(b) is continued further on a "Rezoning Attachment to Par. 1(b)" form.

[I]

(check if applicable)

		Nez	zoning Attachment to 1 a	1. 1(D)	
		DATE:	July 11, 2011		111237d
for Application No.	(s): PCA	2000-SU-	(enter date affidavit is no -032-03	otarized)	.,,,
Tor repriession 140.	(5).	(enter Co	unty-assigned application	number (s))	
NAME & ADDRES Seavest Inc. 707 Westchester Avenue White Plains, NY 10604	e, Suite 401	PORATI	ON: (enter complete name,	number, street, city,	state, and zip code)
[/] The [] The clas [] The	re are 10 or le re are more the s of stock issue are more the	ess shareh nan 10 sha ued by said nan 10 sha	(check <u>one</u> statement) colders, and all of the sharehoreholders, and all of the shareholders, and the shareholders, but no shareholders ation, and no shareholders ar	eholders owning 10% v. r owns 10% or more	6 or more of any
NAMES OF THE S Richard D. Segal, Dougl	SHAREHO as F. Ray, A. D	LDER: (conna Tookn	enter first name, middle initia nanian	al, and last name)	
President, Vice-President D. Segal, Chairn	sident, Secre nan & CEO; D S OF CORI	tary, Trea	RS: (enter first name, middle asurer, etc.) ay, President & Secretary; A. Don  DN: (enter complete name, n	na Tookmanian, Vice Pi	resident
[ <b>/</b> ] The clas [] The	re are 10 or 1 re are more t s of stock iss re are more t	ess shareh han 10 sha ued by sai han 10 sha	check one statement) olders, and all of the shareho areholders, and all of the shar d corporation are listed belov areholders, but no shareholder poration, and no shareholders	eholders owning 10% w. er owns 10% or more	% or more of any
	s, Member (the	re are more	enter first name, middle initia than 10 members but SP II Famil ies II LLC)		member that owns more than
NAMES OF OFFI President, Vice-Pre			RS: (enter first name, middl asurer, etc.)	e initial, last name, a	nd title, e.g.
(check if applicable)	[/]		nore corporation information a g Attachment to Par. 1(b)" form		ued further on a

			DATE: Ju	ly 11, 201	l			1112372
for Application	No (a)	PCA 2	) 000-SU-000	enter date	affidavit is 1	notarized)	)	•
for Application	1 No. (S):	(	enter Coun	ty-assigned	application	number	(s))	
NAME & ADI Mediplex Property 3650 Joseph Siewi Fairfax, VA 22033	Manageme ick Drive, St	nt, Inc.	PORATIO	N: (enter co	mplete name	e, number,	street, city,	state, and zip code)
DESCRIPTIO	N OF CO	RPOR	ATION: (c	heck one sta	tement)			
[ ]	There are class of state There are	10 or le more th tock issu more th	ss sharehold an 10 shareh led by said c an 10 shareh	ders, and all nolders, and orporation a nolders, but it	of the sharehall of the sha re listed belo no sharehold	reholders w. er owns 10	owning 10% <u>0% or more</u>	w. % or more of any of any class of
	stock issu	ied by sa	iid corporation	on, and <u>no s</u> l	nareholders a	ire listed b	elow.	
NAMES OF T Wayne E. Carroll David M. Anderson Mary M. Carroll		REHOL	LDER: (ent	er first name	e, middle init	ial, and las	st name)	
NAMES OF O President, Vice Wayne E. Carroll,	-Presiden	t, Secret	tary, Treasu	rer, etc.)			ast name, a	nd title, e.g.
NAME & ADD	RESS OF	CORP	ORATION:	: (enter com	plete name,	number, st	reet, city, st	ate, and zip code)
DESCRIPTIO	N OF CO	RPORA	TION: (che	eck one state	ement)			
[]	There are class of s	more the more the more the tock issues more the	ess sharehold nan 10 sharel ned by said c nan 10 sharel	ders, and all holders, and corporation a holders, but	of the shareh	areholders ow. er owns 10	owning 10% 0% or more	% or more of any
NAMES OF T	HE SHAR	EHOLI	DERS: (ente	er first name	, middle init	ial, and las	st name)	
		<u> </u>						
NAMES OF O					t name, midd	lle initial, l	last name, a	nd title, e.g.
(check if applica	ıble)				information Par. 1(b)" fo		(b) is continu	ued further on a

DATE: July 11, 2011
(enter date affidavit is notarized)

for Application No. (s): PCA 2000-SU-032-03
(enter County-assigned application number(s))

1(c). The following constitutes a listing\*\*\* of all of the **PARTNERS**, both **GENERAL** and **LIMITED**, in any partnership disclosed in this affidavit:

### PARTNERSHIP INFORMATION

PARTNERSHIP NAME & ADDRESS: (enter complete name, number, street, city, state and zip code)
Fair Oaks Medical Plaza, L.P. c/o Mediplex Property Management, Inc.
3650 Joseph Siewick Drive, Ste 301
Fairfax, VA 22033-1710

(check if applicable) [ ] The above-listed partnership has no limited partners.

NAMES AND TITLE OF THE PARTNERS (enter first name, middle initial, last name, and title, e.g. General Partner, Limited Partner, or General and Limited Partner)

General Partner: Fairfax Medical Corp.

Limited Partners: Inova Health Care Services (formerly Fair Oaks Hospital) Fourth Generation Partners Mediplex Property Management, Inc.

(check if applicable) [1] There is more partnership information and Par. 1(c) is continued on a "Rezoning Attachment to Par. 1(c)" form.

\*\*\* All listings which include partnerships, corporations, or trusts, to include the names of beneficiaries, must be broken down successively until: (a) only individual persons are listed or (b) the listing for a corporation having more than 10 shareholders has no shareholder owning 10% or more of any class of stock. In the case of an APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESSEE\* of the land that is a partnership, corporation, or trust, such successive breakdown must include a listing and further breakdown of all of its partners, of its shareholders as required above, and of beneficiaries of any trusts. Such successive breakdown must also include breakdowns of any partnership, corporation, or trust owning 10% or more of the APPLICANT, TITLE OWNER, CONTRACT PURCHASER or LESSEE\* of the land. Limited liability companies and real estate investment trusts and their equivalents are treated as corporations, with members being deemed the equivalent of shareholders; managing members shall also be listed. Use footnote numbers to designate partnerships or corporations, which have further listings on an attachment page, and reference the same footnote numbers on the attachment page.

Page 1 of 3 Rezoning Attachment to Par. 1(c) DATE: July 11, 2011 111237d (enter date affidavit is notarized) for Application No. (s): PCA 2000-SU-032-03 (enter County-assigned application number (s)) PARTNERSHIP NAME & ADDRESS: (enter complete name & number, street, city, state & zip code) Fair Oaks Professional Building, L.P. c/o Mediplex Property Management, Inc. 3650 Joseph Siewick Drive, Ste 301 Fairfax, VA 22033-1710 (check if applicable) [ ] The above-listed partnership has <u>no limited partners</u>. NAMES AND TITLES OF THE PARTNERS: (enter first name, middle initial, last name, and title, e.g., General Partner, Limited Partner, or General and Limited Partner) General Partner: Fair Oaks Medical Building, Inc. Limited Partners: Fourth Generation Partners Inova Holdings, Inc. Mediplex Property Management, Inc.

(check if applicable) [1] There is more partnership information and Par. 1(c) is continued further on a "Rezoning Attachment to Par. 1(c)" form.

Page 2 of 3

### **Rezoning Attachment to Par. 1(c)**

DATE: July 11, 2011

(enter date affidavit is notarized)

111237d

for Application No. (s): PCA 2000-SU-032-03

(enter County-assigned application number (s))

PARTNERSHIP NAME & ADDRESS: (enter complete name & number, street, city, state & zip code)

Fourth Generation Partners c/o Seavest Partners 707 Westchester, 4th Floor White Plains, NY 10604

(check if applicable) [ ]

The above-listed partnership has no limited partners.

NAMES AND TITLES OF THE PARTNERS: (enter first name, middle initial, last name, and title, e.g., General Partner, Limited Partner, or General and Limited Partner)

The 1981 Myla Kori Bardige Trust for the benefit of Myla Kori Bardige The 1981 Brenan Lyle Bardige Trust for the benefit of Brenan Lyle Bardige The 1987 Arran Brett Bardige Trust for the benefit of Arran Brett Bardige The 1981 Kenneth Michael Masi Trust for the benefit of Kenneth Michael Masi The 1982 Rachel Anne Masi Trust for the benefit of Rachel Anne Masi The 1981 Jennifer Christine Masi Trust for the benefit of Jennifer Christine Masi The 1991 Kathryn Alice Masi Trust for the benefit of Kathryn Alice Masi The 1982 Nicholas Adrian Segal Trust for the benefit of Nicholas Adrian Segal The 1984 Gregory Lyons Segal Trust for the benefit of Gregory Lyons Segal The 1986 Thomas Benjamin Segal Trust for the benefit of Thomas Benjamin Segal The 1989 Carolyn Mayer Segal Trust for the benefit of Carolyn Mayer Segal The 1985 Peter Andrew Lieberman Trust for the benefit of Peter Andrew Lieberman The 1987 Daniel Ryan Lieberman Trust for the benefit of Daniel Ryan Lieberman Betty S. Bardige Patricia S. Lieberman Wendy S. Masi Debra J. Segal Trust for the benefit of Debra J. Segal Raymona A. Lamontagne

(check if applicable) [✓] There is more partnership information and Par. 1(c) is continued further on a "Rezoning Attachment to Par. 1(c)" form.

	Rezoning Attachment to Par. 1(c)	Page <u>3</u> of <u>3</u>
for Application No. (s): PC	DATE: July 11, 2011  (enter date affidavit is notarized)  CA 2000-SU-032-03	111237d
Tot Application No. (8).	(enter County-assigned application number (s))	
PARTNERSHIP NAME & SP II Family GP Partners 707 Westchester, 4th Floor White Plains, NY 10604	& ADDRESS: (enter complete name & number, street, city, state	e & zip code)
(check if applicable) [ ]	The above-listed partnership has no limited partners.	
	OF THE PARTNERS: (enter first name, middle initial, last name l Partner, or General and Limited Partner)	e, and title, e.g.,
Managing Partner: Richard D. Segal		
Limited Partners: Fourth Generation Partners Patricia S. Lieberman Debra J. Segal Trust f/b/o Debra J. Betty S. Bardige Wendy S. Masi	f. Segal	
(check if applicable) []	There is more partnership information and Par. 1(c) is contin "Rezoning Attachment to Par. 1(c)" form.	ued further on a

	DATE: July 11, 2011 (enter date affidavit is notarized)	11/237d
for Ap	plication No. (s): PCA 2000-SU-032-03  (enter County-assigned application number(s))	
1(d).	One of the following boxes <u>must</u> be checked:  [ ] In addition to the names listed in Paragraphs 1(a), 1(b), and 1(c) above, the of any and all other individuals who own in the aggregate (directly and as and beneficiary of a trust) 10% or more of the APPLICANT, TITLE ON PURCHASER, or LESSEE* of the land:	a shareholder, partner,
	Other than the names listed in Paragraphs 1(a), 1(b), and 1(c) above, no in aggregate (directly and as a shareholder, partner, and beneficiary of a trust APPLICANT, TITLE OWNER, CONTRACT PURCHASER, or LESS	st) 10% or more of the
2.	That no member of the Fairfax County Board of Supervisors, Planning Commishis or her immediate household owns or has any financial interest in the subject individually, by ownership of stock in a corporation owning such land, or through partnership owning such land.  EXCEPT AS FOLLOWS: (NOTE: If answer is none, enter "NONE" on the None	t land either igh an interest in a
	(check if applicable) [ ] There are more interests to be listed and Par. 2 i "Rezoning Attachment to Par. 2" form.	is continued on a

	DATE: <u>Jul</u> (e	y 11, 2011 enter date affidavi	t is notarized	)	111237d		
for A	pplication No. (s): PCA 2000-SU-032- (enter Count	-03 ty-assigned applic	cation numbe	r(s))			
3.	That within the twelve-month period prior to the public hearing of this application, no member of the Fairfax County Board of Supervisors, Planning Commission, or any member of his or her immediate household, either directly or by way of partnership in which any of them is a partner, employee, agent, or attorney, or through a partner of any of them, or through a corporation in which any of them is an officer, director, employee, agent, or attorney or holds 10% or more of the outstanding bonds or shares of stock of a particular class, has, or has had any business or financial relationship, other than any ordinary depositor or customer relationship with or by a retail establishment, public utility, or bank, including any gift or donation having a value of more than \$100, singularly or in the aggregate, with any of those listed in Par. 1 above.						
EXCEPT AS FOLLOWS: (NOTE: If answer is none, enter "NONE" on line below.)							
	Supervisors Michael R. Frey and Gerald W. Hyland are both Trustees on the Inova Health Care Services Board.  Supervisor Penelope A. Gross is a Trustee on the Inova Health System Foundation Board.						
4.	\ 11 / [ - 1 ]	this affidavit is f the APPLICAN e land have been natter, I will recuding business o	complete, the NT, TITLE of listed and commine this per financial in	nat all partnerships OWNER, CONTR broken down, and affidavit and provi relationships of the	s, corporations, ACT that prior to each ide any changed		
WIT	NESS the following signature:	Sava 2	- Ma	midle			
	(check one) [] A	pplicant	[7]	Applicant's Author	ized Agent		
		V. Mariska, atto or print first nam	rney/agent	nitial, last name, and			
Subso	cribed and sworn to before me this1 Virginia, County/City of	1 day of July Arlington		20 <u>11</u> , in the	he State/Comm.		
Му с	commission expires: 11/30/2011		<u>km</u>	Muly K. To Notary Public	elli.		
FORM	M RZA-1 Updated (7/1/06)			Registration # 20 Notary Public COMMONWEALTH OF V	33945		

Page	1 of	1
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DATE: July 11, 2011 (enter date affidavit is notarized)	111237d
for Application No. (s): PCA 2000-SU-032-03	
(enter County-assigned application number (s))	

Jon Peterson, a Trustee on the Inova Health Care Services Board, donated in excess of \$100 to Supervisors John Cook and John Foust.

Gerald W. Hyland, a member of the Fairfax County Board of Supervisors and a Trustee on the Inova Health Care Services Board donated in excess of \$100 to Chairman Sharon Bulova.

Chairman Sharon Bulova and Supervisors Penelope A. Gross, Patrick Herrity, Catherine M. Hudgins and Jeffrey C. McKay and their spouses attended the Inova Health System Foundation's 2010 Annual Gala with complimentary tickets having a face value in excess of \$100 each.

Stephen M. Cumbie, Chairman and Trustee on the Inova Health System Foundation Board, donated in excess of \$100 to Chairman Sharon Bulova through NVCommercial, which is not a party to this application.

James M. Scott, a former agent for Inova Health Care Services, made a gift to Supervisor Michael R. Frey of baseball tickets with a value in excess of \$100.

Supervisor Penelope A. Gross, a member of the Fairfax County Board of Supervisors and a Trustee on the Inova Health System Foundation Board, donated in excess of \$100 to Chairman Sharon Bulova.

Michael R. Frey, a member of the Fairfax County Board of Supervisors and a Trustee on the Inova Health Care Services Board donated in excess of \$100 to Supervisor John Cook.

(check if applicable) [ ] There are more disclosures to be listed for Par. 3, and Par. 3 is continued further on a "Rezoning Attachment to Par. 3" form.

